

Work Order ID 92508

92508

Page 1

October-31-12 11:05:09 AM

Item ID: 647.1612

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Splice Plate

Stop

NS2

Start Date: 10/31/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-11-01

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
647.1600	N/C								

110

0.00

110

Waterjet

Memo

0.00

2 0

Jm 12-11-10

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: A/C

2024.090

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

2 0

Jm 12-11-10

120

QC

Memo

0.00

Quality Control

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date: _____

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other		
NCR No. _____							

FAULT CATEGORY

Landing Gear	General	General	General	General
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset		
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions		
			<input type="checkbox"/> Other	

Work Order ID 92508

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92508

Page 2

Item ID: 647.1612

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Splice Plate

Stop

NS2

Start Date: 10/31/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

DAS

15

8.69

12.11.12

Q

130

QC

Quality Control

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

CL 12/11/12 Q

140

Outsource4

Outsource process - Anodize

Memo

Issue P/O: 18399

0.00

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3)

150

Receive & Inspect for Damage & Mat'l Certs

0.00

12/14/12 Q

150

Packaging

Packaging

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		

Work Order ID 92508

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Page 3

Item ID: 647.1612

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Splice Plate

Stop

NS2

Start Date: 10/31/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

15
9-89

160

QC

Quality Control

10 11 20

170

170

SprayPaint

Spray Painting

Memo

0.00

0.00

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: 123693

2 0 0 0 12-12-15

180

QC14- Inspect Spray Paint

0.00

180

QC

Quality Control

Memo

0.00

2 0 0 0 12-12-18

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled
											<input type="checkbox"/> Other

Work Order ID 92508

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92508

Page 4

Item ID: 647.1612

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Splice Plate

Stop

NS2

Start Date: 10/31/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Identify as per dwg & Stock Location: 13SA

0.00

1Q0

Packaging

Packaging

Memo

0.00

***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND
REV***

200

QC21- Final Inspection - Work Order Release

0.00

200

QC

Quality Control

Memo

0.00

13/1/13 0

13/1/10 0
MLJ 13-01-09

NCR: Yes / No

DQA: Date: .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Picklist Print

October-31-12 11:05:08 AM

Page 1

Work Order ID: 92508

Parent Item: 647.1612

Parent Item Name: Splice Plate

Start Date: 10/31/12

Required Date: 11/16/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.090 2024-T3 .090 sheet		Purchased	No			110	sf	48.0000	0.0322	<u>0.0677895</u> 0.1			Jmr2-n-10

Location	Loc Qty	Loc Code
MAT022	48	
123287	48	123287

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

DART AEROSPACE LTD	Work Order:	92508
Description: Splice Plate	Part Number:	647.1612
Inspection Dwg: 647.1600 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

108

Measured by: Jpn	Audited by: 15 Date: 12/11/12	Preliminary Approval: _____ Date: _____
Date: 12-11-10	Date: 12/11/12	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15.

1. 1990 年 1 月 1 日起，新規制 が実施される。この規制は、新規制 による規制と、既存規制 による規制の二種類がある。

NOTES:

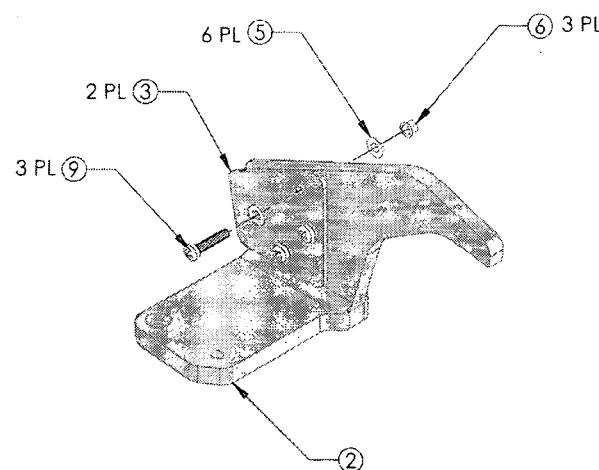
⚠ MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12

⚠ MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

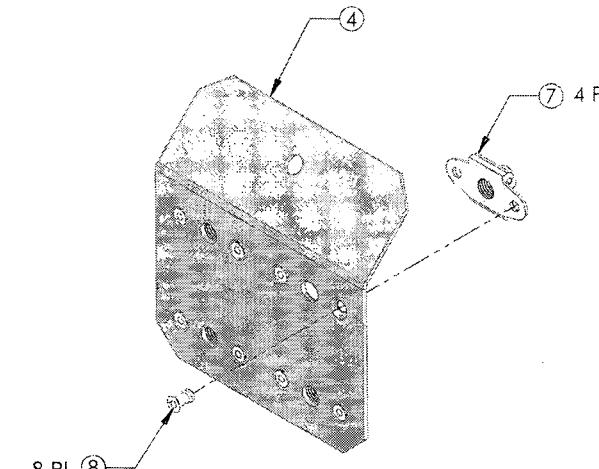
⚠ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL P 23377J TYPE I CLASS N

4. DEBURR AND BREAK ALL SHARP EDGES

5. IDENTIFY IAW MPP-120



647.1601 SHOWN EXPLODED



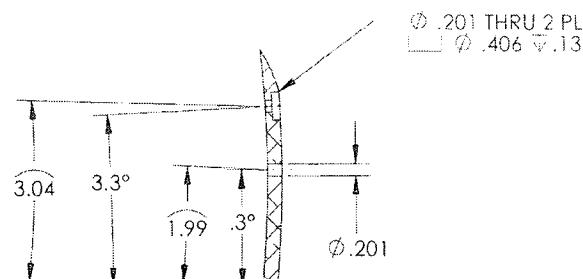
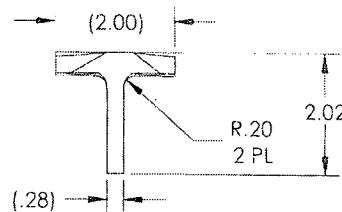
647.1602 SHOWN EXPLODED

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 92508 M

12-11-01

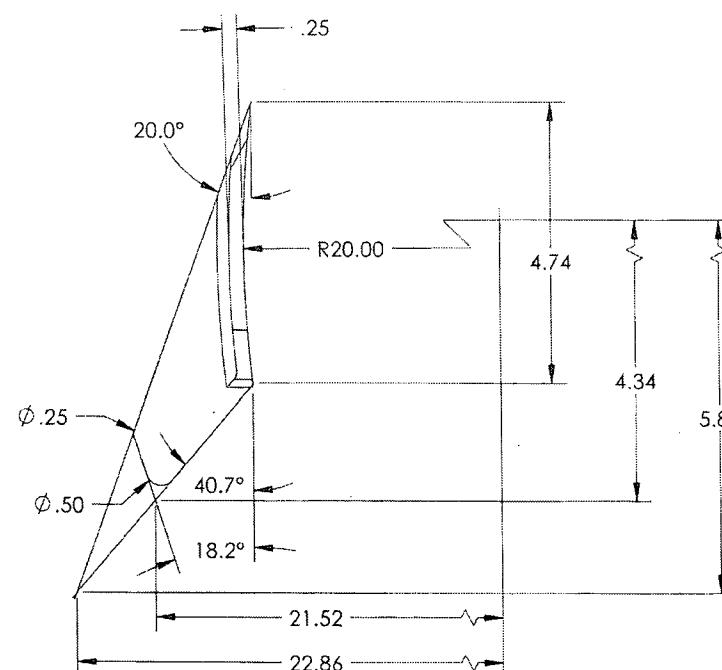
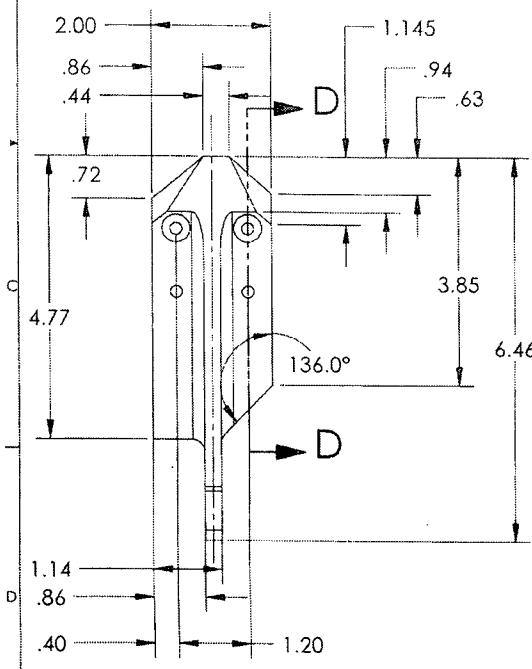
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

92508



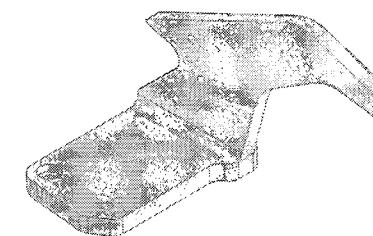
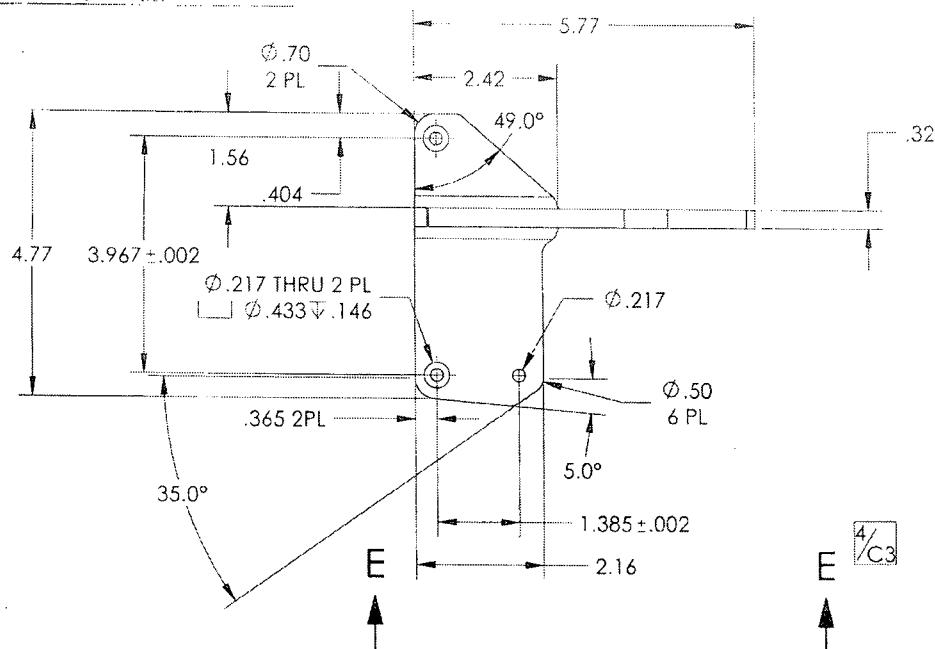
647.1610

SECTION D-D

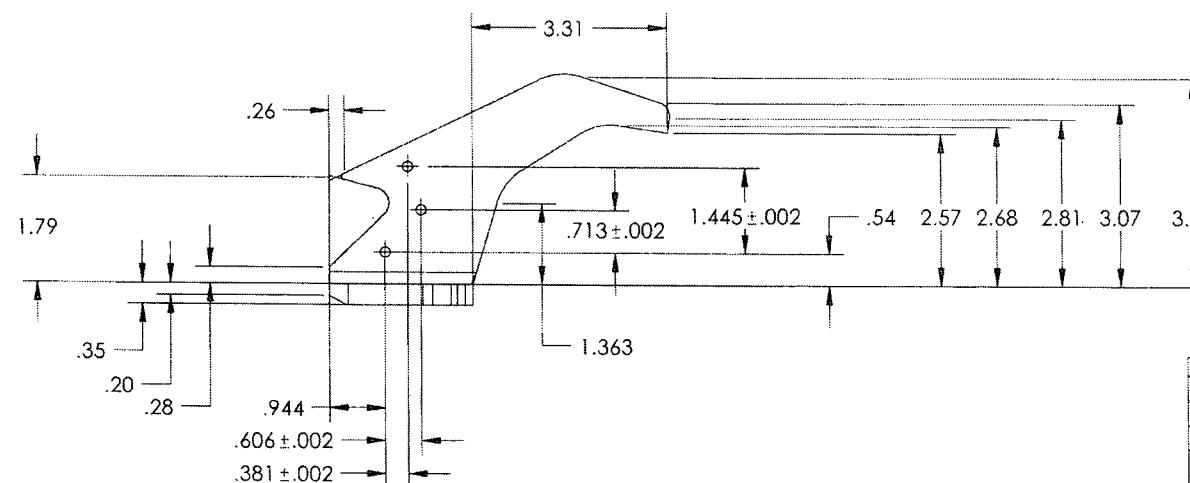


ORIGINAL DATE	06/13/00	REVISED DATE	06/13/00
DESIGNER	P BRAVO	REVIEWER	P BRAVO
DRAWING NUMBER	647.1610	PREPARED BY	P BRAVO
CONTRACT NO.		APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
UNLESS OTHERWISE SPECIFIED		WIPER DEFLECTOR ASSY	
ALL DIMENSIONS IN INCHES		SCALE	1:100
TOP SURFACE		DATE	07/12/00
SPACE DEPTH		CAGE CODE	647.1600
ANGLE		REV	N/C
		SCALE	1:100
		DATE	07/12/00
		CAGE CODE	647.1600
		REV	N/C
		SCALE	1:100
		DATE	07/12/00
		CAGE CODE	647.1600
		REV	N/C
		SCALE	1:100

92508

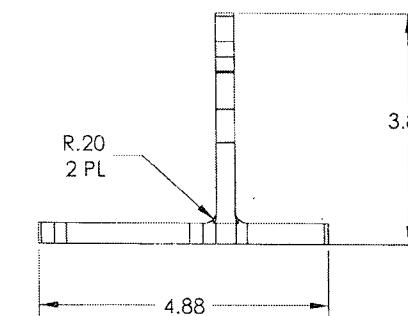
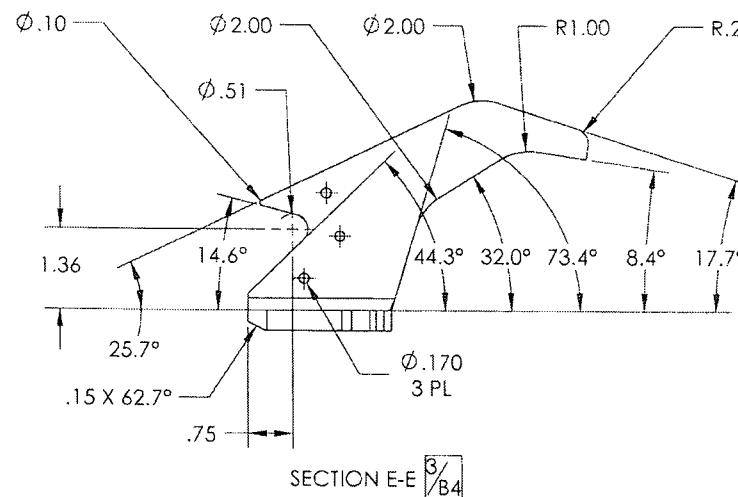


647.167



ORIGINAL DATE 10/20/02	CHG/TYPE C-1020	APICAL INDUSTRIES
DRAWING NUMBER J-1020	REVISION NUMBER F	2608 TEMPLE HEIGHTS DR.
DRAWING APPROVAL P. BPA/VO		OCEANSIDE, CA, 92056-3512 (760)724-5303
CONTRACT NO.		
WIPER DEFLECTOR ASSY		
URGENT COMPROMISE SPECIFIED		
DRAWINGS ARE IN PITCHES		
NOT DRAWN TO SCALE		
2 PLACE DECIMALS ± .01		
3 PLACE DECIMALS ± .001		
ITEM	CASE CODE	ENGS. NO.
1	07NA	647.1600
SCALE: NONE		
1 SHEET, 2 OF 2		

92508



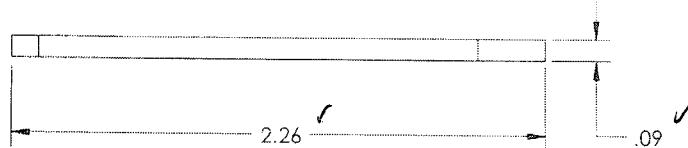
ORIGINAL DATE 10-04-07	REV. 10-07	APICAL INDUSTRIES	
DESIGNED BY P. BRAVO	DRAWN BY P. BRAVO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
CONTRACTOR P. BRAVO	WIPER DEFLECTOR ASSY		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 2 PLACE DECIMALS ± 0.01 THREE DECIMALS ± 0.001 ANGLES ± 2°			
REV. B 07M16	REV. N/C	REV. 647.1600	REV. N/C
SCALE: NONE	SHEET 4 OF 6		

92508

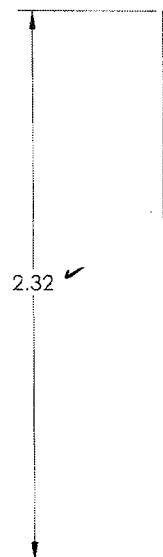
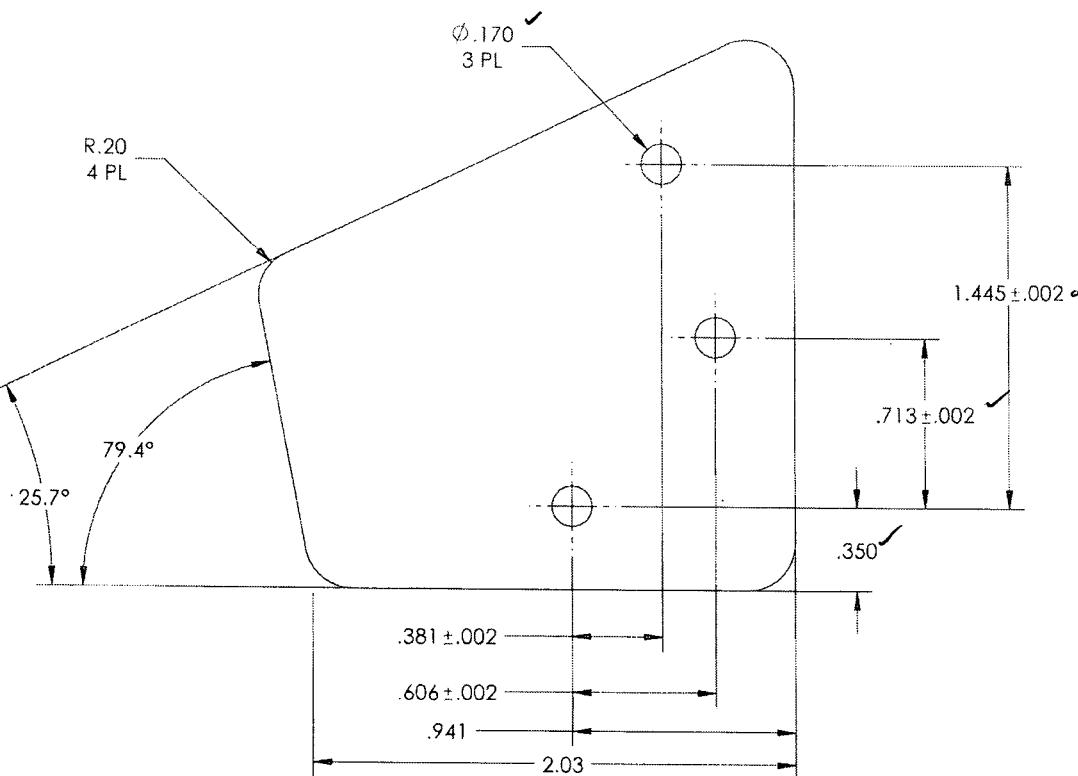
2
3
4
5
6

1
2
3
4
5
6

A



B



ORIGINAL DATE	REV. NO.	APICAL INDUSTRIES
REV. DATE	01/00	2608 TEMPLE HEIGHTS DR.
DESIGNER	P BRAVO	OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWN BY	P BRAVO	
COMPETING		WIPER DEFLECTOR ASSY
STANDARD SPECIFIED		
ALL DIMENSIONS ARE		
IN INCHES AND		
1 PLACE DECIMAL & 01		
2 PLACES DECIMAL & 000		
ANGLES ± 5°		
DATE	07/16/00	DRAW. NO. 647.1600
SCALE	NONE	REV. N/C
		SHEET 5 OF 6

92508

1.000

1.000

1.000

1.000

1.000

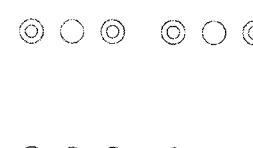
1.000

Φ.18 THRU

1.24

.40

2.83



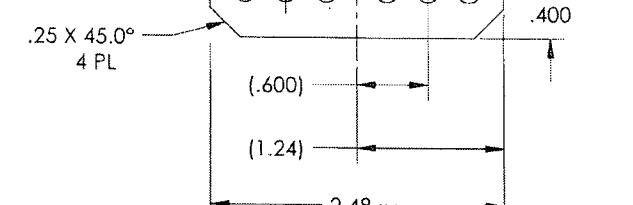
FLAT PATTERN

C

Φ.104 THRU 8 PL
Φ.199 X 100°

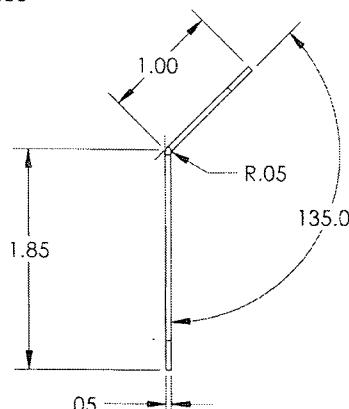
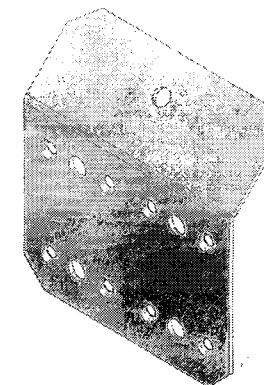
Φ.196
4 PL

.25 X 45.0°
4 PL



.294
.344
.688

647.1613



D

ORIGINAL DATE	10/20/01	CH-100	APICAL INDUSTRIES
DESIGNER	CH-100	APPLICANT	2608 TEMPLE HEIGHTS DR.
1. CAPONERI	AP-100	APPROVAL	OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWING APPROVAL	AP-100	CONTRACTOR	WIPER DEFLECTOR ASSY
P. BRAVIA		INFORMATION	
		ITEMS CHECKED	
		1. BASE CHPY OF TECHNICAL 2. BASE CHPY OF INCHES 3. BASE CHPY OF MM 4. BASE CHPY OF KG 5. BASE CHPY OF LB 6. BASE CHPY OF INCHES 7. BASE CHPY OF MM 8. BASE CHPY OF KG 9. BASE CHPY OF LB	
		DATE	647.1600
		CHG GROUP	8
		CHG NO	07M16
		REV	N/C
		SCALE	NONE
		SHEET	6 OF 6



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62076

Date: 27-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 4 PCS D4410-11 2 PCS 647.1612 14 PCS 647.1812 11 PCS 647.1613 1 PCS 647.1810 2 PCS 647.1811 8 PCS 647.1814 11 PCS 647.1815 10 PCS 646.3110 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120737, PO: PO18399
	Rev: Line:
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>27/11/12</u></p> <p>CERTIFIED SIGNATURE: <u>MM</u></p> <p>RECEIVER SIGNATURE: _____</p>